

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							10/590546						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51		51					
2	1					52		52					
3	2					53		53					
4	2					54		54					
5	2					55		55					
6	2					56		56					
7	2					57		57					
8	2					58		58					
9						59		59					
10						60		60					
11						61		61					
12						62		62					
13						63		63					
14						64		64					
15						65		65					
16						66		66					
17						67		67					
18						68		68					
19						69		69					
20						70		70					
21						71		71					
22						72		72					
23						73		73					
24						74		74					
25						75		75					
26						76		76					
27						77		77					
28						78		78					
29						79		79					
30						80		80					
31						81		81					
32						82		82					
33						83		83					
34						84		84					
35						85		85					
36						86		86					
37						87		87					
38						88		88					
39						89		89					
40						90		90					
41						91		91					
42						92		92					
43						93		93					
44						94		94					
45						95		95					
46						96		96					
47						97		97					
48						98		98					
49						99		99					
50						100							
TOTAL IND.	1		↓		↓		↓		↓		↓		
TOTAL DEP.	98	←		←		←		←		←			
TOTAL CLAIMS	99												